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FACSIMILE COVER SHEET

DATE: APRIL 8, 2005

NUMBER OF PAGES (INCLUDING
THIS TRANSMITTAL COVER SHEET): 5

YOUR REFERENCE: 09/541,461

OUR REFERENCE: 212588

TO: United States Patent and Trademark Office, Patent Technology Center 2100

FACSIMILE NUMBER: (703) 872-9306

FROM: RICHARD P. DODSON

DIRECT LINE: (206) 521-5987

In re Application of:

NATHAN et al.

Group Art Unit: 2154

Serial No. 09/541,461

Examiner: Larry D. Donaghue

Filed: March 31, 2000

For: PROXY NETWORK ADDRESS TRANSLATION

CERTIFICATE OF TRANSMISSION

I hereby certify that this Request for Continued Examination, along with a Facsimile Cover Sheet, are being transmitted by facsimile to the United States Patent and Trademark Office in accordance with 37 C.F.R. 1.6(d) on the date shown below:

Date: April 8, 2005


Richard P. Dodson

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APR 08 2005

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| | | |
|--|----------------------|-------------------|
| REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | Application No. | 09/541,461 |
| | Filing Date | March 31, 2000 |
| | First Named Inventor | Abraham Nathan |
| | Group Art Unit | 2154 |
| | Examiner Name | Larry D. Donaghue |
| | Attorney Docket No | 212588 |
| | Client Reference No | 124741.01 |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

1. Submission required under 37 CFR 1.114

a. ☒ Previously submitted

i. ☒ Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on February 17, 2005
(Any unentered amendment(s) referred to above will be entered.)

ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on

iii. ☐ Other:

b. ☐ Enclosed

i. ☐ Amendment/Reply

ii. ☐ Affidavit(s)/Declaration(s)

iii. ☐ Information Disclosure Statement (IDS)

iv. ☐ Form PTO-1449

v. ☐ Copies of References listed in Form PTO-1449
(except for U.S. patents and applications)

vi. ☐ Other:

2. Miscellaneous

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; fee under 37 CFR 1.17(i) required.)

b. ☐ Applicant claims small entity status. See 37 CFR 1.27

c. ☐ Other:

3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a. ☒ Please charge Deposit Account No. 12-1216 in the total amount indicated below. A duplicate copy of this transmittal sheet is enclosed herewith.

i. ☒ RCE fee of \$790.00 (large entity) required under 37 CFR 1.17(e)

\$790.00

ii. ☒ Two-month extension of time fee of \$450.00 (37 CFR 1.136 and 1.17)

\$450.00

iii. ☒ Petition for an extension of time (including the period noted above, if checked), as well as for any additional period necessary to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.

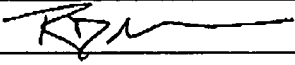
iv. ☐ Suspension of action fee of \$130.00 (37 CFR 1.17(i))


v. ☐ Other:

vi. ☐ Claim fee

| CLAIM FEE | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | EXTRA CLAIMS PRESENT | RATE | ADD'L CLAIM FEE | RATE | ADD'L CLAIM FEE |
|--|---|-------|---|----------------------------|--------|-----------------------|--------|-----------------------|
| TOTAL | | MINUS | | = | x 25= | \$ | x 50= | \$ |
| INDEPENDENT | | MINUS | | = | x 100= | \$ | x 200= | \$ |
| <input type="checkbox"/> | FIRST PRESENTATION OF MULTIPLE CLAIM | | | | + 180= | \$ | + 360= | \$ |
| Claim fee total | | | | | | | | |
| Total amount to be charged to Deposit Account | | | | | | | | \$1240.00 |
| b. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any deficiencies in the above fees or to credit any overpayments to Deposit Account No. 12-1216 | | | | | | | | |

In re Application of Abraham Nathan
Application No. 09/541,461

| SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED | | | |
|--|--|-----------------------------------|--|
| Name (Print/Type) | Richard P. Dodson | Registration No. (Attorney/Agent) | 52,824 |
| Signature |  | Date | April 8, 2005 |
| Address | Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6780 | Phone | (312) 616-5600 (telephone) (312) 616-5700 (facsimile) |

| CERTIFICATE OF MAILING OR TRANSMISSION UNDER 37 CFR 1.8 | | | |
|---|---|------|---------------|
| I hereby certify that this RCE Transmittal and any accompanying documents is, on the date indicated below, <input type="checkbox"/> being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or <input checked="" type="checkbox"/> being facsimile transmitted to the U.S. Patent and Trademark Office at facsimile number (703) 872-9306. | | | |
| Name (Print/Type) | Richard P. Dodson | | |
| Signature |  | Date | April 8, 2005 |

Page 2 of 2

RCE Transmittal (Revised 3/1/05)

| | | |
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| | Filing Date | March 31, 2000 |
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| | Group Art Unit | 2154 |
| | Examiner Name | Larry D. Donaghue |
| | Attorney Docket No | 212588 |
| | Client Reference No | 124741.01 |

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- v. ☐ Copies of References listed in Form PTO-1449
(except for U.S. patents and applications)
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- b. ☐ Applicant claims small entity status. See 37 CFR 1.27
- c. ☐ Other:

3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

- a. ☒ Please charge Deposit Account No. 12-1216 in the total amount indicated below. A duplicate copy of this transmittal sheet is enclosed herewith.
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- ii. ☒ Two-month extension of time fee of \$450.00 (37 CFR 1.136 and 1.17)
- iii. ☒ Petition for an extension of time (including the period noted above, if checked), as well as for any additional period necessary to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.
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- v. ☐ Other:
- vi. ☐ Claim fee

\$790.00
\$450.00

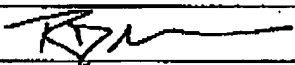
| CLAIM FEE | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | EXTRA CLAIMS PRESENT | RATE | ADD'L CLAIM FEE | RATE | ADD'L CLAIM FEE |
|--------------------------|---|-------|---|----------------------------|--------|-----------------------|--------|-----------------------|
| TOTAL | | MINUS | | = | x 25= | \$ | x 60= | \$ |
| INDEPENDENT | | MINUS | | = | x 100= | \$ | x 200= | \$ |
| <input type="checkbox"/> | FIRST PRESENTATION OF MULTIPLE CLAIM | | | | + 180= | \$ | + 360= | \$ |


Claim fee total

Total amount to be charged to Deposit Account \$1240.00

- b. ☒ The Commissioner is hereby authorized to charge any deficiencies in the above fees or to credit any overpayments to Deposit Account No. 12-1216

In re Application of Abraham Nathan
Application No. 09/541,481

| SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED | | | |
|--|--|-----------------------------------|--|
| Name (Print/Type) | Richard P. Dodson | Registration No. (Attorney/Agent) | 52,824 |
| Signature |  | Date | April 8, 2005 |
| Address | Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6780 | Phone | (312) 616-5800 (telephone) (312) 616-5700 (facsimile) |

| CERTIFICATE OF MAILING OR TRANSMISSION UNDER 37 CFR 1.8 | | | |
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| Name (Print/Type) | Richard P. Dodson | | |
| Signature |  | Date | April 8, 2005 |

Page 2 of 2

RCE Transmittal (Revised 3/1/05)